

CERTIFICATE OF LICENSE TRANSFER - MOTOR VEHICLE SALESPERSON

Access this form via website at: www.hawaii.gov/dcca/pvl

Instructions:

1. Complete Section A and have new employer complete Section B.
2. **Attach pocket identification card and \$10* transfer fee.**
Make check payable to: **COMMERCE & CONSUMER AFFAIRS**
3. Deliver or mail to: *Motor Vehicle Industry Licensing Board
DCCA, PVL, Lic Branch
335 Merchant Street, Room 301
P.O. Box 3469
Honolulu, HI 96801
Phone: (808) 586-3000*

***A \$15.00 service fee will be charged for checks which are returned by the bank.**

Approved at Board Meeting on _____

FOR BOARD USE ONLY

SECTION A. TO BE COMPLETED BY LICENSEE	Name (First-Middle)		(LAST)	<div style="border: 1px solid black; padding: 2px;">LICENSE NUMBER</div> <div style="border: 1px solid black; width: 150px; height: 20px; margin-top: 2px;"></div>		
	Residence Address (Include apt. no., city, state and zip code)			STATE OF HAWAII DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS ATTACH POCKET IDENTIFICATION CARD HERE. <i>Another card indicating new employer will be issued upon approval by the Board.</i>		
	Mailing Address (ONLY if different from residence)					
	Social Security No.	Residence Phone No. (days)				
	Your former dealer employer must notify the Board of your termination. Has your employer done so? <div style="display: flex; justify-content: space-around;"> YES NO </div>					
	I hereby certify that the information contained in my original application remain unchanged as of this date, except the period of employment noted above. I also certify that I will engage in the business or negotiate for sale of motor vehicles for the employer designated below only and that the statements contained in this application are true and correct.			Name and Business Address of LAST motor vehicle dealer employer: Employment dates with above employer: From: _____ To: _____		
Date _____			Signature of Licensee _____			
SECTION B. TO BE COMPLETED BY PROSPECTIVE DEALER EMPLOYER	Name and Principal Business address of Dealer:			It is hereby certified that the above-named will be employed effective _____ as a motor vehicle salesperson or broker's agent by the undersigned. <div style="display: flex; justify-content: space-between;"> Signature of Authorized Person _____ Date _____ </div> Print Name _____ Title _____		
	Mailing Address of dealer if different from actual location:					
	Dealer License number:	Business Phone No.				